

DMHF Rules Matrix 7-20-17

Rule Summary	File	Effective
R414-60A Drug Utilization Review Board (Five-Year Review); The Department will continue this rule because it implements DUR Board composition and membership requirements, and spells out board member responsibilities to provide medically necessary and cost effective services for Medicaid recipients.	6-13-17	6-13-17
R414-60B Preferred Drug List (Five-Year Review); The Department will continue this rule because it implements Preferred Drug List (PDL) eligibility, specifies the purpose of the PDL in relation to certain classes of drugs, clarifies that coverage is based on clinical and cost effectiveness, spells out prior authorization requirements, implements Pharmacy and Therapeutics (P&T) Committee composition and membership, implements P&T Committee responsibilities and functions, and sets forth provisions for the P&T Committee to make determinations based on clinical and cost-related factors.	6-14-17	6-14-17
R414-15 Residents Personal Needs Funds (Five-Year Review); The Department will continue this rule because it requires long-term care facilities to manage and safeguard a resident's personal funds.	6-28-17	6-28-17
R414-100-4 Cost Sharing Provisions (Primary Care Network); The purpose of this change is to implement new cost-sharing policy in accordance with the Affordable Care Act. This amendment, therefore, removes cost-sharing provisions from the rule to defer implementation of the cost-sharing policy to the Medicaid State Plan. The Department will adopt the new cost-sharing policy in Section R414-1-5 when it incorporates the Medicaid State Plan by reference to 07/01/2017.	7-10-17	9-7-17
R414-200-4 Cost Sharing (Non-Traditional Medicaid); The purpose of this change is to implement new cost-sharing policy in accordance with the Affordable Care Act. This amendment, therefore, removes cost-sharing provisions from the rule to defer implementation of the cost-sharing policy to the Medicaid State Plan. The Department will adopt the new cost-sharing policy in Section R414-1-5 when it incorporates the Medicaid State Plan by reference to 07/01/2017.	7-10-17	9-7-17
R414-60-7 Reimbursement (Medicaid Policy for Pharmacy Program); This amendment updates the dispensing fee for pharmacies located outside of the state of Utah, in accordance with the Medicaid State Plan.	7-10-17	10-1-17
R414-1-5 Incorporations by Reference; The purpose of this change is to implement by rule Medicaid policy through incorporating by reference the July 1, 2017, version of the Medicaid State Plan, and incorporating by reference the July 1, 2017, versions of all the Medicaid provider manuals.	7-13-17	9-7-17